

<b>Case Number:</b>	CM13-0072306		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 31-year-old with a reported date of injury on January 3, 2013. The worker was injured when he pulled a hand truck off 2 inches from his truck and injured his back when he lifted heavy boxes. The injured worker complained of severe back pain with radiating pain down his left leg greater than the right. The MRI of May 4, 2013 concluded a central disc protrusion at L5-S1 with mild central stenosis. The orthopedic examination performed on June 6, 2013 reported range of motion was moderately diminished and motor strength was 5/5. The straight leg raises bilaterally were negative, and the light touch sensation was intact bilaterally. The physical therapy noted from June 26, 2013 reported that none of the exercises bother the injured worker or cause any pain after exercising. The progress note from November 11, 2013 reported left leg radiculopathy with positive straight leg raises to the left leg. The request of authorization form was requested December 6, 2013 for lumbar epidural steroid injections x3 due to annular tear L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**LUMBAR SPINE EPIDURAL STEROID INJECTION (ESI) AT L5-S1, THREE TIMES:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Section Page(s): 46.

**Decision rationale:** The injured worker has received physical therapy and one previous epidural injection, however, there is lack of documentation reporting pain relief and progressive improvements. The California Chronic Pain Medical Treatment guideline recommend epidural injections for radicular pain documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also the injured worker must be initially unresponsive to conservative treatments and repeat blocks should be based on objective documented pain and functional improvement, including at least 50% pain relief with associated reductions of medication used for six to eight weeks. Current research does not support a "series of three" injections in either the diagnostic or therapeutic phase. No more than two epidural injections are recommended. There is unclear documentation regarding progressive improvements from physical therapy and pain relief after first epidural injection. The request for lumbar spine epidural steroid injection at L5-S1, three times, is not medically necessary or appropriate.